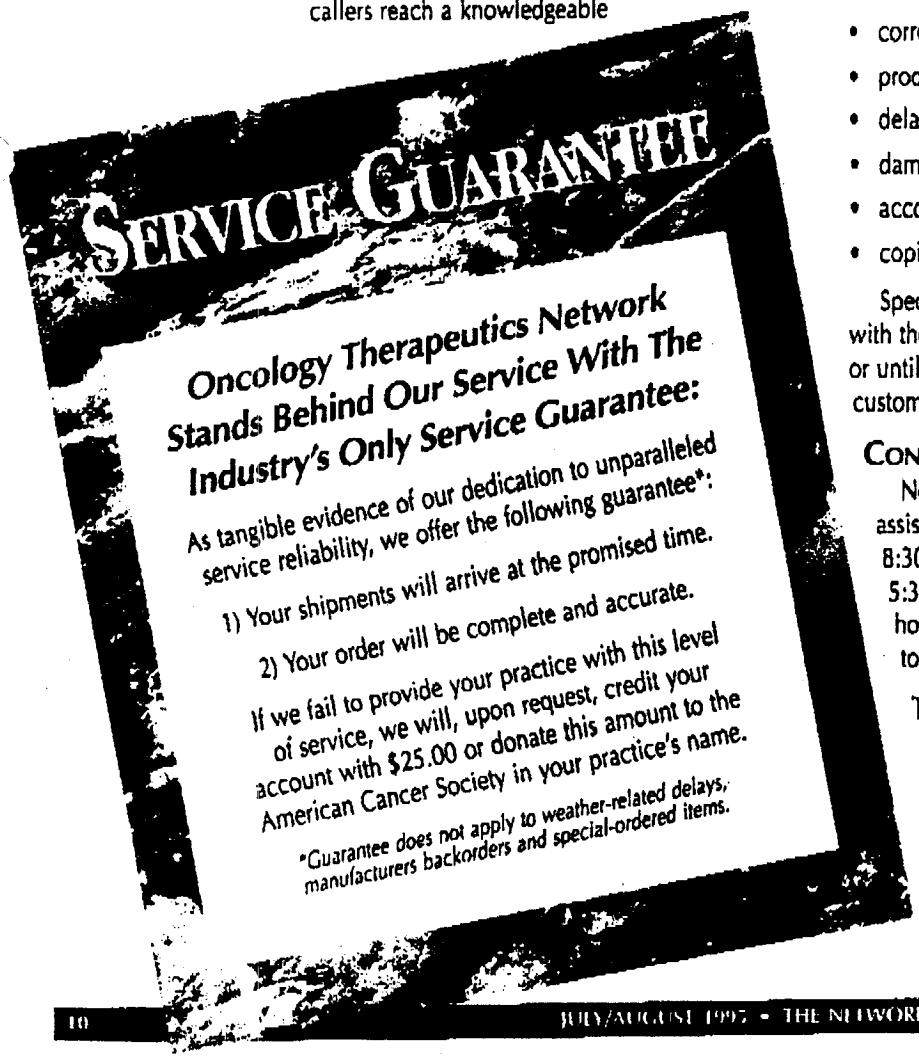
The Service Advantage

Every program and service developed by the Network has as its key objective to provide high quality, reliable service to the customer. To ensure these objectives are met, each attribute of the Network's service is tracked and measured on a monthly basis. In many cases, the commitment required to achieve these high quality results may be transparent to customers. However, a dedicated team of customer service professionals and state-of-the-art systems stands behind every program and product we deliver.

Customer Service Representatives

All customer calls to the Network are answered by Customer Service Representatives in our call center located in South San Francisco, CA. Customer Service Representatives enter orders directly into our order entry system while the customer is on the telephone and can immediately confirm availability and delivery information for each shipment. Calls for specific individuals or non-order related issues are transferred by representatives to the appropriate person at the Network.

The service objective is to ensure that all callers reach a knowledgeable person, rather than a voicemail system, when they call the Network. It is our goal to minimize call transfers and the amount of time a customer spends on hold. Extensive training is provided to all service representatives to ensure they are knowledgeable about the company, the products we sell, and the services we provide.



Customer Service Specialists

An important team of people at the Network is the Customer Service Specialist Group. It is their responsibility to respond to any service issues customers may encounter. This group assists customers with the following:

- corrections to a current or past order
- product returns and credits
- delayed or late shipments
- damaged product
- account billing status
- copies of invoices and statements

Specialists are committed to remain in contact with the customer until the problem is resolved or until a response has been provided to the customer's inquiry.

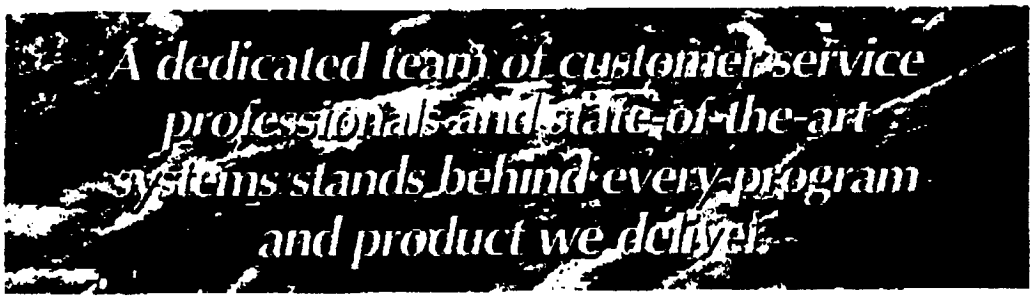
Convenient Hours

Network representatives are available to assist customers Monday through Friday from 8:30 a.m. to 8:30 p.m. ET (5:30 a.m. to 5:30 p.m. PT). Orders may also be faxed 24 hours a day, 7 days a week to the Network's toll-free fax number, 1-800-800-5673.

Timeliness

The call center schedule and performance objectives are designed to answer incoming calls in six seconds or less. We are sensitive to our customers' busy schedules and the limited time they have to spend placing drug orders. Currently our average telephone

2300700



conversation lasts 1 minute and 36 seconds, while an average order call takes approximately 45-60 seconds. We attempt to ensure that each customer's first call is the only call he or she needs to make. The Network also strives to handle any service or order issue in a simple and efficient manner.

Delivery

To enhance the reliability of product delivery, the Network uses overnight express shipping of all drugs to customers. On-line tracking of packages allows us to determine the status of all shipments sent each day and to promptly notify customers should a shipping delay occur. The standard shipping method is next-day delivery. This service is free and guarantees all drug orders received by 7:00 p.m. ET (4:00 p.m. PT) are shipped to arrive the next business day by 3:30 p.m. Priority delivery (shipment arrives by 10:30 a.m. next-day) is also available for a nominal charge. Most non-drug items, such as syringes and IV bags, are shipped via ground service to arrive within 3 to 4 business days.

Packaging

Every day the Network sends hundreds of drug and supply shipments to arrive the next day at practices all over the United States, including Alaska and Hawaii. The packaging in which the Network ships drugs and supplies are specifically designed, manufactured, and tested for the Network. Packaging is tested to meet the following criteria:

- packages do not break on impact
- packages safely handle the weight of the products
- packages do not represent a hazard to the environment
- packages maintain specific refrigeration parameters

An example of one such test is to drop fully loaded boxes from four and six foot heights, after which the box and the contents are inspected for damages.

Refrigerated packaging is monitored to determine its ability to control temperature and moisture retention. The insulated inserts used to ship refrigerants are tested at temperatures exceeding 95° F for a duration of 4 days. Refrigerated packaging maintains a temperature of 46° F for 48 hours and will not exceed 54° F for up to 72 hours. Normally, one 1.5 pound ice brick is used to maintain temperature. If conditions are more extreme, such as hot summer months when temperatures can easily exceed 100° F in certain regions of the country, two ice bricks are placed into a box to enhance the temperature control. The packaging procedures used by the Network are designed to exceed all manufacturers' specifications for handling and transporting drug products.

Continued on next page

New, Recyclable Packaging Keeps Drugs Cooler

The Network ships refrigerated drugs in a recyclable container laboratory-tested at 95° F for more than 72 hours. This packaging maintains an inside temperature of 46°-54° F, far exceeding drug manufacturer specifications.

Recycling Refrigerated Packaging

The package arrives sealed with a pre-addressed return shipping label on the outside. After you retrieve the drugs from the package, reseal it with the inside flaps on the outside using shipping tape, being careful not to cover the address label. The postage-paid package can then be sent via U.S. mail to the Network at no cost to your practice.

Continued from previous page

Returns/Product Replacement

From time-to-time it is necessary to return items to the Network. Each call is handled on a case by case basis. The Network is required to follow the return guidelines dictated by the manufacturers of the products it sells. If it is determined that a return is warranted, it is our policy to pick up the product and promptly provide proper credit. If replacement product is required, it is sent for delivery the next business day. Customer Service Specialists make every effort to provide flexible support for return issues.

Quality Measurement

All of the functions of the customer service department are measured and tracked by using what the Network refers to as Service Quality Index (SQI). This index is used to determine the accuracy and quality of all actions, procedures, and programs undertaken by the Network. There are currently 20 different areas that are tracked in the SQI. These areas include everything from "on-time deliveries" to "incidences of representative/member miscommunication." The SQI allows us to focus our improvement efforts and resources on those areas that will benefit the customer most.

The Network strives to provide legendary service and an uncompromised level of quality in all things we do. I am sincerely interested in your feedback on our services and invite you to contact me at the Network.

Jim Adams, *Director, Customer Service,*
Oncology Therapeutics Network

Fax Back Form July/August 1995 1-800-800-5673

Please use this form to FAX in your comments or suggestions or to request an addition to The Network News mailing list. Please photocopy this form prior to faxing.

FROM _____

PRACTICE NAME _____

PHONE NUMBER _____

❑ **Please add the name below to your mailing list.**

NAME _____ TITLE _____

PRACTICE NAME _____

ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____

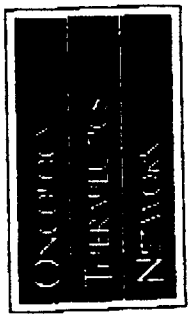
❑ **I have feedback for Jim Adams on the Network's customer service. Please contact me.**

❑ **My feedback regarding your customer service guarantee and programs follows:**

COMMENTS AND SUGGESTIONS

. BULK RATE
U.S. POSTAGE
PAID
MMS, Inc.

ADDRESS CORRECTION REQUESTED



395 OYSTER POINT BLVD., SUITE 405
SOUTH SAN FRANCISCO, CA 94080

2300702

ONCOLOGY THERAPEUTICS NETWORK

March/April 1996

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

- ❑ Physician
- ❑ Office Manager
- ❑ Oncology Nurse
- ❑ Business Office
- ❑ _____

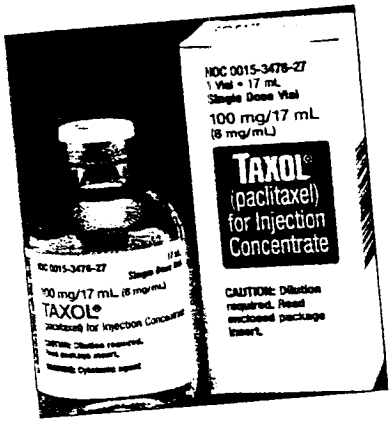
2300703

ONCOLOGY THERAPEUTICS NETWORK

NEW TAXOL 100 MG VIAL

BRISTOL-MYERS SQUIBB

TAXOL 100 MG OFFERS:



GREATER CONVENIENCE
Larger size/fewer vials to handle

STAFF EFFICIENCY
Reduced preparation time

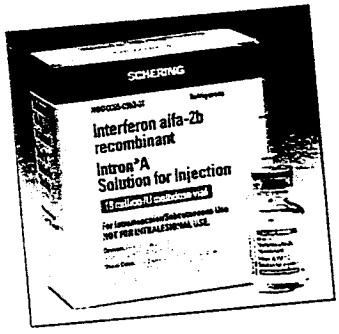
SEMISYNTHETIC SOURCE
Renewable source of TAXOL eliminates need to harvest the Pacific yew and assures continuous supply.

Catalog Number	NDC	HCPCS Code	Brand Name	Item	Unit Size	Price/ Unit	Redbook AWP
201-000	0015-3473-27	J9265	TAXOL	paclitaxel solution (6mg/mL)	30 mg	$140.26	$182.63
201-100	0015-3476-27	J9265	TAXOL	paclitaxel solution (6mg/mL)	100 mg	$467.53	$608.77

Schering®

Intron A is indicated as adjuvant therapy to surgical treatment in patients 18 years or older with malignant melanoma who are free of disease but at high risk for systemic recurrence, within 56 days of surgery.

- **Malignant Melanoma**
- Hairy Cell Leukemia
- AIDS-Related Kaposi's Sarcoma
- Condylomata Acuminata
- Chronic Hepatitis Non-A, Non-B/C (NANB/C)
- Chronic Hepatitis B



The first adjuvant therapy breakthrough in high-risk malignant melanoma.

Price Match

Intron A is a product in the Network's Price Matching Program

Introducing the Interferon alfa 2b PAK in 3, 5 and 10 MIU syringes!

Catalog Number	NDC	Product Name	Diluent
220-150	0085-0647-03	Interferon alfa 2b, pwd 3 MIU	1 mL
220-160	0085-0120-02	Interferon alfa 2b, pwd 5 MIU	1 mL
220-170	0085-0571-02	Interferon alfa 2b, pwd 10 MIU	2 mL
220-186	0085-1110-01	Interferon alfa 2b, pwd 18 MIU	1 mL
220-175	0085-0285-02	Interferon alfa 2b, pwd 25 MIU	5 mL
220-180	0085-0539-01	Interferon alfa 2b, pwd 50 MIU	1 mL
220-190	0085-0923-01	Interferon alfa 2b, sol (5 MIU/mL)	10 MIU
220-192	0085-0953-01	Interferon alfa 2b, sol (5 MIU/mL)	18 MIU MDV
220-195	0085-0769-01	Interferon alfa 2b, sol (5 MIU/mL)	25 IU

The Network News is distributed by Oncology Therapeutics Network Corporation.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Debbie Duncan, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405; South San Francisco, CA 94080.

Printed on recycled paper.

1 2300704

Ortho Biotech

ONCOLOGY
THERAPEUTICS
NETWORK

Procrit® Physician Network
Receive An 8% Usage Guideline Rebate Through the Network!

Effective April 1-December 31, 1996, all physician practices will receive the new 6% rebate on purchases of Procrit *(see below)*. Practices who are certified and agree to implement Usage Guidelines will receive an additional 2% rebate. To be eligible to receive the additional rebate, you must sign a certification form obtained from your Ortho Biotech representative. **If you need the name and number of your Ortho Biotech product specialist, please call Ortho Biotech at 1-800-325-7504 or your Network representative at 1-800-482-6700.** The Network will continue to take this rebate directly off your invoices-eliminating paperwork in claiming the rebate for your practice.

Price Match *The Network will match any bona fide offer for Procrit. Prices to be matched should be requested at the time the order is placed. Prices will be matched for the term of the competitor's offer.*

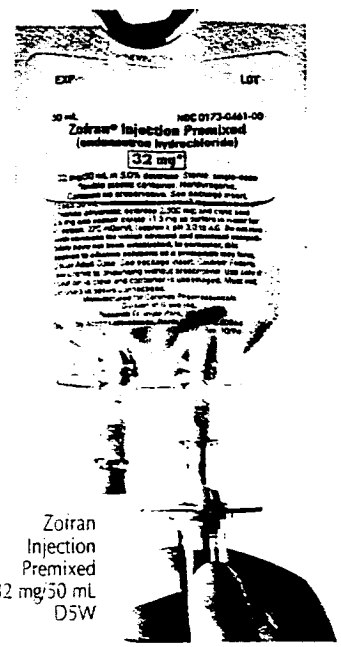
Item	Unit Size	Order Quantity	New 6% Rebate	Additional 2% Guideline Rebate	Without Certification Invoice Price/Unit	With Certification Invoice Price/Unit
Procrit	2,000 units/mL	6	-	-	21.28	21.28
Procrit	3,000 units/mL	6	-	-	31.91	31.91
Procrit	3,000 units/mL	25	-	-	31.91	31.91
Procrit	4,000 units/mL	6	-	-	42.55	42.55
Procrit	4,000 units/mL	25	-	-	42.55	42.55
Procrit	**10,000 units/mL**	**6**	**$5.70**	**$1.90**	**94.00**	**92.00***
Procrit	**10,000 units/mL**	**25**	**$5.70**	**$1.90**	**94.00**	**92.00***
Procrit	**20,000 units/2 mL**	**6**	**$11.40**	**$3.80**	**186.25**	**182.50***

* *These prices include the Ortho-Biotech usage guideline rebate for physician offices.*

Q

A

With the Zoiran Premixed Bag there is no dilution, no waste and no admixing. This makes the Zoiran Premixed Bag convenient and easy-to-administer.



Zoiran Injection Premixed 32 mg/50 mL D5W

Now Available

by
Alza Pharmaceuticals
and
U.S. Bioscience

Please contact your Network representative for more information.

2300705

ONCOLOGY
THERAPEUTICS
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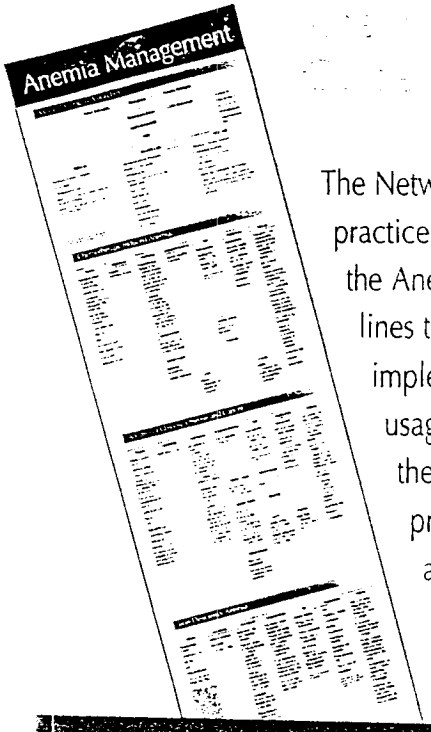
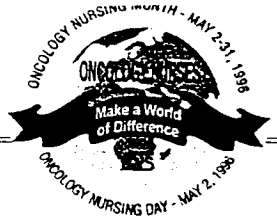


The Network recently sent your practice a complimentary copy of the Anemia Management Guidelines to support your practice in implementing the appropriate usage guidelines to comply with the Procrit® physician rebate program. If you need an additional copy, please call the Network.



May 1996 is the second annual Oncology Nurses month officially recognizing oncology nurses. May 2, 1996, is Oncology Nursing Day. Please remember that Oncology Nursing Month offers an opportunity for everyone in the community to get involved.

Hold an Oncology Nurse Appreciation Day at your hospital or clinic.
Hold a pot luck dinner with your staff during or after work hours.
Buy flowers or a cake for oncology nursing staff or colleagues.

For more ideas and information contact the Oncology Nursing Society 412/921-7373.

These paintings are an artist's expression of her experience with cancer and the related emotions. Her work is a representation of the things that have touched her throughout her life.

If you are interested in seeing more of Maureen Gano's paintings you can reach her at 509/697-3363

The Fateful Choices: *The experts give me the facts, and the choice.*

The Chemo is Working: *The night before the first Chemotherapy treatment, a process of creative visualization saw me on my hills.*

The Doing: *All is done. I return home in 2 days alone to play with my thoughts and realities.*

Maureen Gano was treated at the Yakima Valley Cancer Group.
Her work is sponsored by the Yakima Community Cancer Program.

2300706

ONCOLOGY
THERAPEUTICS
NETWORK

The *New England Journal of Medicine* recently published the results of a phase III trial that compared the efficacy of cyclophosphamide plus cisplatin to paclitaxel plus cisplatin for first-line treatment of incompletely resected stage III and any stage IV ovarian cancer.[1]

A total of 386 women with incompletely resected stage III or stage IV disease who had not received prior chemotherapy or radiation therapy for ovarian cancer were randomized to one of two treatment groups. Of these, 202 women received cyclophosphamide 750 mg/m^2 and cisplatin 75 mg/m^2 every three weeks for six courses, and 184 women received paclitaxel 135 mg/m^2 over 24 hours and cisplatin 75 mg/m^2 every three weeks for six courses. Those women who received paclitaxel were premedicated with dexamethasone, diphenhydramine, and a histamine (H_2) antagonist (agent not specified). The endpoints of this study included overall and progression-free survival.

The two treatment groups were well matched for prognostic factors. More women randomized to paclitaxel completed six cycles of chemotherapy (87% *vs* 78%, P value not stated). Fewer women in the paclitaxel group terminated therapy due to disease progression or death (5% *vs* 11%, P value not stated). Furthermore, fewer patients in the paclitaxel group withdrew due to toxicity or patient preference (8% *vs* 10%, P value not stated). Significantly more women in the paclitaxel group experienced neutropenia, fever, alopecia, and peripheral neurotoxicity (P≤0.05). Six women in the cyclophosphamide group and four women in the paclitaxel group experienced treatment-related death.

Two hundred sixteen women were evaluable for treatment response; 100 in the paclitaxel plus cisplatin group and 116 in the cyclophosphamide plus cisplatin group (Table 1). The median duration of follow-up was 37 months (range, 5 to 56).

	Paclitaxel -Cisplatin	Cyclophosphamide -Cisplatin
Overall response rate	73%	60%
Complete response	51%	31% (P=0.01)
Negative reassessment laparotomy	26%	20% (not significant)
Progression-free survival	18 months	13 months (P<0.001)
Survival	38 months	24 months (P<0.001)

The authors of this study concluded that paclitaxel plus cisplatin is superior to cyclophosphamide plus cisplatin, a standard regimen for ovarian cancer. In addition, the efficacy of paclitaxel in combination with carboplatin for ovarian cancer is currently under evaluation in a phase I trial. [1. NEJM. 1996;334(1): 1-6. 2. JCO. 1994;12(9):1748-1753.]

In December 1995, the FDA approved anastrozole (Arimidex®, Zeneca Pharmaceuticals) for the treatment of advanced breast cancer in postmenopausal women with disease progression following tamoxifen. Anastrozole is an aromatase inhibitor which specifically blocks estrogen synthesis.[1] While tamoxifen is recommended for advanced breast cancer, a number of women in this category do not respond to tamoxifen or relapse after tamoxifen therapy.

Approval was granted based on the results of two unpublished double-blind trials: trial 0004, a North American study, and trial 0005, conducted in Europe, Australia, and South Africa.[2] In both trials, patients with advanced breast cancer and disease progression after tamoxifen therapy were randomized to one of three treatment groups: 1) anastrozole 1 mg po daily, 2) anastrozole 10 mg po daily, or 3) megestrol acetate 40 mg po four times daily. The primary endpoints were time to progression and objective response rates. Secondary endpoints included the rate of prolonged stable disease, the rate of progression, and survival.

There was no data to indicate in either trial that anastrozole 10 mg was more efficacious than 1 mg.

Continued on the next page

	Anastrozole 1 mg	Anastrozole 10 mg	Megestrol acetate 40 mg QID
n	128	130	128
time to progression	170	143	151
objective response	10.2%	5.4%	5.5%
n	135	118	125
time to progression	132	136	120
objective response	10.5%	12.7%	10.4%

no statistical evaluations were reported for these comparisons

2300707

ONCOLOGY
THERAPEUTICS
NETWORK

Anastrozole was well tolerated; the most commonly reported adverse effects for anastrozole 1 mg were asthenia (16%), nausea (15.6%), headache (13%), hot flashes (12.2%), and pain and back pain (10.7% for each).

To further define the role of anastrozole in the treatment of breast cancer, several trials are being conducted. A European study is comparing the safety and efficacy of anastrozole to foremestane (an injectable aromatase inhibitor approved in Europe); results are expected in 1996. Zeneca Pharmaceuticals will begin enrolling patients in 1996 for a double-blind trial comparing tamoxifen to anastrozole for first-line treatment of breast cancer. Anastrozole, 1 mg by mouth daily, is indicated for postmenopausal women with advanced breast cancer who have experienced disease progression after tamoxifen therapy. Patients with estrogen-receptor (ER) negative disease and patients who did not respond to tamoxifen therapy are unlikely to respond to anastrozole.[2] [1. J Steroid Biochem Molec Biol. 1994;49(4-6):281-287. 2. Arimidex® package insert, Zeneca Pharmaceuticals]

Bicalutamide (Casodex®, Zeneca Pharmaceuticals) was granted accelerated approval for the treatment of advanced prostate cancer. Bicalutamide, a nonsteroidal antiandrogen, is approved for use in combination with a luteinizing hormone-releasing hormone analogue (LHRH-A).

Studies evaluating bicalutamide as single-agent therapy for prostate cancer demonstrated that monotherapy did not optimally decrease prostate specific antigen (PSA) levels[1] and was less effective than surgical or medical castration.[2] Bicalutamide received approval based on the results of a randomized, double-blind, multicenter trial.[3] Bicalutamide 50 mg daily in combination with an LHRH-A, either goserelin acetate 3.6 mg monthly or leuprolide acetate 7.5 mg monthly, was compared to flutamide 250 mg three times daily also in combination with an LHRH-A as above. Inclusion criteria included untreated, histologically or cytologically confirmed prostatic adenocarcinoma, stage D2 disease, and bone metastases or at least one nonskeletal lesion. The primary endpoint was time to treatment failure, which included withdrawal due to an adverse event, patient preference, or investigators decision; disease progression; or death. Secondary endpoints included duration of survival, quality of life, and subjective response.

Of 813 patients in the trial, 404 received bicalutamide plus LHRH-A and 409 received flutamide plus LHRH-A. The mean duration of follow-up was 49 weeks. The incidence of treatment failure was lower in the bicalutamide group (42% vs 53%, P value not reported), and the time to treatment failure was significantly longer for the bicalutamide group (P=0.005). The flutamide group was 34% more likely to fail over the given time period. There were more failures due to progression in the flutamide group (98 vs 73, P value not reported).

There was no significant difference in the incidence of death (17% in the flutamide group and 18% in the bicalutamide group). Furthermore, there were no significant differences between the two groups in regards to the questionnaire, subjective response, and PSA response. There were more withdrawals due to adverse events in the flutamide group (56 vs 32). The only adverse event that was significantly different between the two groups was the higher incidence of diarrhea in the flutamide group (24% vs 10%, P<0.001). Other adverse events associated with withdrawal included liver function abnormalities, nausea and vomiting, renal failure, and pain.

Until more data are available, the selection of one antiandrogen over another may be based upon cost and patient tolerability. The recommended dose of bicalutamide is 50 mg daily. Therapy with bicalutamide and an LHRH-A are to begin at the same time. [1. J Urology. 1995;154:2110-2114. 2. Urology. 1995;46(6):849-855. 3. Urology. 1995;45(5):745-752.]

The U.S. Food and Drug Administration has cleared a new indication for Bristol-Myer Squibb's antineoplastic agent Blenoxane (bleomycin) as a sclerosing agent for the treatment of malignant pleural effusion (MPE) and for prevention of recurrent pleural effusions. MPE is a complication of advanced malignancy and can result in significant morbidity. Blenoxane represents the first pharmaceutical agent to be cleared by the FDA for the treatment of MPE. The new indication was granted subsequent to submission of a literature-based Supplemental New Drug Application (sNDA). This is the first literature-based sNDA to be cleared by the FDA. The recommended dosage for intrapleural administration is 60 units dissolved in 50-100 mL sodium chloride injection 0.9% and administered through a thoracostomy tube following drainage of excess pleural fluid and confirmation of complete lung expansion.

2300708

ONCOLOGY THERAPEUTICS NETWORK

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT
200-200	Blenoxane®	Bleomycin sulfate, powder	15 units	$234.31
900-300	Paraplatin®	Carboplatin, powder	50 mg	$65.21
900-310	Paraplatin®	Carboplatin, powder	150 mg	$195.58
900-320	Paraplatin®	Carboplatin, powder	450 mg	$586.79
200-400	BiCNU®	Carmustine, powder w/diluent	100 mg	$66.16
920-100	Rocephin®	Ceftriaxone Sodium, powder	0.5 g	$20.20
920-110	Rocephin®	Ceftriaxone Sodium, powder	1 g	$34.60
920-120	Rocephin®	Ceftriaxone Sodium, powder	2 g	$68.75
900-550	Platinol®-AQ	Cisplatin, solution (1 mg/mL	50 mg MDV	$136.07
900-560	Platinol®-AQ	Cisplatin, solution (1 mg mL	100 mg MDV	$272.10
900-650	Cytoxan® Tablets	Cyclophosphamide tablets, 25 mg	100 per bottle	$127.50
900-655	Cytoxan® Tablets	Cyclophosphamide tablets, 50 mg	100 per bottle	$234.01
900-660	Cytoxan® Tablets	Cyclophosphamide tablets, 50 mg	1,000 per bottle	$2,226.85
800-601	Neosar®	Cyclophosphamide, powder	100 mg	$5.00
800-611	Neosar®	Cyclophosphamide, powder	200 mg	$6.75
940-200	Desferal	Deferoxamine Mesylate, powder	500 mg	$10.35
101-020	DOXIL®	Doxorubicin HCl liposome injection	20 mg/ 10mL	$514.75*
801-105	Adriamycin RDF™	Doxorubicin HCl, RDF powder	10 mg	$15.20
801-115	Adriamycin RDF™	Doxorubicin HCl, RDF powder	20 mg	$30.40
801-125	Adriamycin RDF™	Doxorubicin HCl, RDF powder	50 mg	$76.00
801-145	Adriamycin RDF™	Doxorubicin HCl, RDF powder	150 mg MDV	$228.00
101-100	Adriamycin PFS™	Doxorubicin HCl, solution (2 mg mL)	10 mg	$15.70
101-110	Adriamycin PFS™	Doxorubicin HCl, solution (2 mg mL)	20 mg	$31.40
101-120	Adriamycin PFS™	Doxorubicin HCl, solution (2 mg mL)	50 mg	$73.75
101-130	Adriamycin PFS™	Doxorubicin HCl, solution (2 mg mL)	75 mg	$110.65
101-150	Adriamycin PFS™	Doxorubicin HCl, solution (2 mg mL)	200 mg MDV	$287.40
102-010	Chiron (Manufacturer)	Doxorubicin HCl, solution (2 mg mL)	10 mg	$13.75
102-020	Chiron (Manufacturer)	Doxorubicin HCl, solution (2 mg mL)	20 mg	$27.50
102-050	Chiron (Manufacturer)	Doxorubicin HCl, solution (2 mg mL)	50 mg	$68.75
102-200	Chiron (Manufacturer)	Doxorubicin HCl, solution (2 mg mL)	200 mg MDV	$275.00
102-210	GENSIA (Manufacturer)	Doxorubicin HCl, solution (2 mg mL), plastic vial	10 mg	$15.70
102-215	GENSIA (Manufacturer)	Doxorubicin HCl, solution (2 mg mL), plastic vial	50 mg	$73.75
102-220	GENSIA (Manufacturer)	Doxorubicin HCl, solution (2 mg mL), plastic vial	200 mg MDV	$287.40
801-100	Rubex®	Doxorubicin, powder	10 mg	**
801-120	Rubex®	Doxorubicin, powder	50 mg	**
201-205	VePesid® Capsules	Etoposide, capsules, 50 mg	20 per bottle	$553.27
901-300	FUDR	Floxuridine, powder	500 mg	$123.60
840-150	Romazicon™	Flumazenil, solution (0.1 mg mL	0.5 mg MDV	$36.00
840-160	Romazicon™	Flumazenil, solution (0.1 mg mL	1 mg MDV	$57.75
222-100	Leukine®	GM-CSF (Sargramostim), lyophilized	250 mcg	$98.25
222-110	Leukine®	GM-CSF (Sargramostim), lyophilized	500 mcg	$185.00
901-500	Zoladex®	Goserelin Acetate, implant	3.6 mg syringe	$341.85
901-510	Zoladex®	Goserelin Acetate, implant	10.8 mg syringe	$1,029.88
230-050	Havrix®	Hepatitis A Vaccine, inactivated (1440 EL.U./mL)	1 dose/vial	$54.75
902-300	Idamycin®	Idarubicin HCl, powder	5 mg	$240.00
902-310	Idamycin®	Idarubicin HCl, powder	10 mg	$480.00
901-611	Ifex®/Mesnex™	Ifosfamide (10 x 1 g:mesna (10 x 1 g MDV)	Combo - Pack	$1,475.68
901-606	Ifex®/Mesnex™	Ifosfamide (2 x 3 g:mesna (6 x 1 g MDV)	Combo - Pack	$883.94
901-601	Ifex®/Mesnex™	Ifosfamide (5 x 1 g:mesna (5 x 1 g MDV)	Combo - Pack	$610.70
220-153	Intron® A	Interferon alfa 2b PAK 3, 3 MIU x6	1 mL in syringe	$28.25
220-162	Intron® A	Interferon alfa 2b PAK 5, 5 MIU x6	1 mL in syringe	$47.10
220-172	Intron® A	Interferon alfa 2b PAK 10, 10 MIU x6	1 mL in syringe	$94.15
220-186	Intron® A	Interferon alfa 2b, powder	18 MIU (1mL	$169.50
220-200	Alferon® N Injection	Interferon alfa N3, solution (5 MIU/mL)	5 MIU	$143.55
941-100	InFeD™	Iron Dextran, solution (50 mg mL	2 mL amp	$28.60
841-370	Toradol®	Ketorolac Tromethamine, solution (15 mg mL)	15 mg syringe	$7.75
841-380	Toradol®	Ketorolac Tromethamine, solution (30 mg mL)	30 mg syringe	$8.15
841-390	Toradol®	Ketorolac Tromethamine, solution (30 mg mL)	60 mg syringe	$8.50
901-855	Lupron Depot®	Leuprolide Depot Suspension (22.5 mg	22.5 mg	$1,262.50

Reflects a price increase Reflects a price decrease Reflects a product description change

*Call for special introductory prices. **Please call for current pricing.

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ONCOLOGY THERAPEUTICS NETWORK

SOURCEBOOK UPDATE — JANUARY 1996

Continued from the previous page

CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT
903-034	CeeNu®	Lomustine, capsules	Dose Pack	$64.97
903-030	CeeNu®	Lomustine, capsules, 10 mg	20 per bottle	$70.34
903-032	CeeNu®	Lomustine, capsules, 100 mg	20 per bottle	$402.66
903-031	CeeNu®	Lomustine, capsules, 40 mg	20 per bottle	$211.83
910-100	Depo-Provera®	Medroxyprogesterone Acetate, solution (400 mg/mL)	1000 mg MDV	$89.00
910-110	Depo-Provera®	Medroxyprogesterone Acetate, solution (400 mg/mL)	4000 mg MDV	$335.00
900-695	Megace® Oral Suspension	Megestrol acetate, suspension (40 mg/mL)	8 fl oz	$90.25
900-700	Megace®Tablets	Megestrol acetate, tablets, 20 mg	100 per bottle	$58.21
900-705	Megace®Tablets	Megestrol acetate, tablets, 40 mg	100 per bottle	$103.82
900-710	Megace®Tablets	Megestrol acetate, tablets, 40 mg	250 per bottle	$254.37
900-715	Megace®Tablets	Megestrol acetate, tablets, 40 mg	500 per bottle	$498.36
960-300	Versed®	Midazolam, solution (1 mg/mL), C-IV	2 mg	$4.43
960-310	Versed®	Midazolam, solution (5 mg/mL), C-IV	5 mg	$9.74
903-080	Lysodren®	Mitotane, tablets, 500 mg	100 per bottle	$170.29
902-200	Novantrone®	Mitoxantrone, solution (2 mg/mL)	20 mg MDV	$581.50
902-210	Novantrone®	Mitoxantrone, solution (2 mg/mL)	25 mg MDV	$726.85
902-220	Novantrone®	Mitoxantrone, solution (2 mg/mL)	30 mg MDV	$872.25
230-130	Merck (Manufacturer)	Mumps Virus Vaccine	1 dose/vial	$22.65
200-543	Mycostatin® Pastilles	Nystatin, lozenges, 200,000 unit	30 ea./package	$24.15
201-100	TAXOL®-semi-synthetic	Paclitaxel, solution	100 mg	$467.53
840-200	Aredia®	Pamidronate Disodium, powder	30 mg	$179.10
840-260	Aredia®	Pamidronate Disodium, powder	60 mg	$346.50
840-290	Aredia®	Pamidronate Disodium, powder	90 mg	$519.75
200-150	Oncaspar™	Pegaspargase, solution (750 IU/mL)	5 mL	$1,139.00
230-300	Pneumovax® 23	Pneumococcal Vaccine Polyvalent (0.5 mL/dose)	1 dose/vial	$11.15
870-000		Prochlorperazine, tablets, 10 mg	100 per bottle	$85.30
202-400	Zanosar®	Streptozocin, powder	1 g	$68.50
900-720	Teslac®	Testolactone, tablets, 50 mg, C-III	100 per bottle	$103.26
230-160	Connaught (Manufacturer)	Tetanus Toxoid Adsorbed, USP	10 doses/vial	$16.25
230-150	Connaught (Manufacturer)	Tetanus Toxoid, USP	15 doses/vial	$24.25
202-500	Thioplex®	Thiotepa, powder	5 mg	$71.75
130-100	Tubersol®	Tuberculin Test, Mantoux PPD (1 TU/0.1 mL)	10 tests/vial	$29.50
130-120	Tubersol®	Tuberculin Test, Mantoux PPD (250 TU/0.1 mL)	10 tests/vial	$40.00
130-110	Tubersol®	Tuberculin Test, Mantoux PPD (5 TU/0.1 mL)	10 tests/vial	$17.50
950-000	Tine Test® PPD	Tuberculin Test, PPD multiple puncture device	25 tests/box	$45.00
200-050	Abbokinase® Open-Cath®	Urokinase, solution 5,000 IU/mL)	5000 IU	$49.00
200-090	Abbokinase® Open-Cath®	Urokinase, solution 5,000 IU/mL)	9000 IU	$84.50
200-105	Faulding (Manufacturer)	Vincristine, preservative free solution (1 mg/mL)	1 mg	$6.80
102-765	Faulding (Manufacturer)	Vincristine, preservative free solution (1 mg/mL)	2 mg	$12.75

Reflects a price increase Reflects a price decrease Reflects a product description change

Three great opportunities to meet Oncology Therapeutics Network representatives face-to-face! The Network will attend the ONS convention in Philadelphia and will exhibit at AOHA in Denver and ASCO in Philadelphia. Contact your account representative to arrange a meeting with one of the Network representatives attending the conventions; or, stop by our booth at AOHA and ASCO. Hope to see you there!

May 2-5, 1996 • Philadelphia, PA

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May 15-17, 1996 • Denver, CO

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May 18-21, 1996 • Booth #602 • Philadelphia, PA

2300710

ONCOLOGY THERAPEUTICS NETWORK

Reimbursement Resource: Average Wholesale Prices and HCPCS Codes

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1995 Red Book* and the *January 1996 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Fall/Winter 1995-1996 Sourcebook* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Proleukin®					
Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	395.00	J9015	per single dose vial
Blenoxane®					
Bleomycin sulfate, pwd	15 units	00015-3010-20		J9040	per 15 units
Paraplatin®					
Carboplatin, pwd	50 mg	00015-3213-30		J9045	per 50 mg
	150 mg	00015-3214-30		J9045	per 50 mg
	450 mg	00015-3215-30		J9045	per 50 mg
BiCNU®					
Carmustine, pwd w/diluent	100 mg	00015-3012-38		J9050	per 100 mg
Tagamet®					
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*	J3490*
Platinol®-AQ					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22		J9062	per 50 mg
	100 mg MDV	00015-3221-22		J9062	per 50 mg
Leustatin®					
Cladribine, sol (1 mg/mL	10 mg	59676-0201-01	480.00	J9065	per 1 mg
Lyophilized Cytoxan®					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan® Tablets					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01		J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01		J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02		J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	5.50	J9100	per 100 mg
	100 mg	53905-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	21.00	J9110	per 500 mg
	500 mg	53905-0132-10	25.00	J9110	per 500 mg
	1 g	53905-0133-10	50.00	J9110	per 500 mg
	2 g	53905-0134-10	98.90	J9110	per 500 mg
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
Cerubidine®					
Daunorubicin HCl, pwd	20 mg	53905-0271-10	162.79	J9150	per 10 mg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	4.13	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.34	J1100	up to 4 mg/mL
Zinecard™					
Dexrazoxane for injection	250 mg	00013-8715-62	134.38	J3490*	
	500 mg	00013-8725-89	268.75	J3490*	
Diazepam, sol (5 mg/mL	10 mg	00364-0825-48	3.43	J3360	up to 5 mg
	50 mg	00364-0825-54	13.35	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL	300 mg	00364-6530-56	5.18	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL	500 mg MDV	00364-6531-54	6.90	J1200	up to 50 mg
	50 mg	00641-0376-25	0.63	J1200	up to 50 mg
Rubex®					
Doxorubicin, pwd	10 mg	00015-3351-22	43.31	J9000	per 10 mg
	50 mg	00015-3352-22	197.15	J9010	per 50 mg
	100 mg	00015-3353-22	394.29	J9010	per 50 mg

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ONCOLOGY
THERAPEUTICS
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PRODUCT	VIAL SIZE	NDC	AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Chiron					
Doxorubicin, pwd	10 mg	53905-0231-10	45.08	J9000	per 10 mg
	20 mg	53905-0232-06	90.16	J9000	per 10 mg
	50 mg	53905-0233-01	225.40	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	53905-0235-10	47.35	J9000	per 10 mg
	20 mg	53905-0236-06	94.70	J9000	per 10 mg
	50 mg	53905-0237-01	236.74	J9010	per 50 mg
	200 mg MDV	53905-0238-01	945.98	J9010	per 50 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9010	per 50 mg
	150 mg MDV	00013-1116-83	676.19	J9010	per 50 mg
Doxorubicin, pfs sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9010	per 50 mg
	75 mg	00013-1176-87	362.35	J9010	per 50 mg
	200 mg MDV	00013-1166-83	946.94	J9010	per 50 mg
Doxil®					
Doxorubicin, HCl liposome injection	20 mg/10 mL	61471-0295-12	606.25	J9999*	
Procrit®					
Epoetin alfa	2,000 units/mL	59676-0302-01	24.00	Q0136*	1,000 units
	3,000 units/mL	59676-0303-01	36.00	Q0136*	1,000 units
	4,000 units/mL	59676-0304-01	48.00	Q0136*	1,000 units
	10,000 units/mL	59676-0310-01	114.00	Q0136*	1,000 units
	20,000 units/2 mL	59676-0312-01	228.00	Q0136*	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	694.91	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 g MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Fludara®					
Fludarabine phosphate, pwd	50 mg	50419-0511-06	179.55	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
Neupogen®					
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0347-10	152.30	J1440	per 300 mcg
	480 mcg	55513-0348-10	242.50	J1441	per 480 mcg
Leukine®					
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-01		J2820	per 250 mcg
	500 mcg	58406-0001-01		J2820	per 250 mcg
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36		J9202	per 3.6 mg
Kytril™					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	166.00	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41		J9208	per 1 g
	3 g	00015-0557-41		J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27		J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15		J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26		J9208/J9209	
Immune globulin intravenous, 5% pwd	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	190.38	J1561	per 500 mg
	5 g	49669-1613-01	380.75	J1561	per 500 mg
	10 g	49669-1614-01	761.50	J1561	per 500 mg
Immune globulin intravenous, 10% sol w/IV set	50 mL	49669-1622-01	400.00	J1562	per 5 g
	100 mL	49669-1623-01	800.00	J1562	per 5 g
	200 mL	49669-1624-01	1,600.00	J1562	per 5 g

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ONCOLOGY THERAPEUTICS NETWORK

PRODUCT	VIAL SIZE	NDC	AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Immune globulin intravenous, 10% sol	10 mL	00192-0649-12	75.00	J1561	per 500 mg
	50 mL	00192-0649-20	375.00	J1562	per 5 g
	100 mL	00192-0649-71	750.00	J1562	per 5 g
	200 mL	00192-0649-24	1,500.00	J1562	per 5 g
Immune globulin intravenous, 5% or 10%	2.5 g	52769-0471-72	145.00	J1561 or J1562	
	5 g	52769-0471-75	290.00	J1561 or J1562	
	10 g	52769-0471-80	580.00	J1561 or J1562	
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	189.04	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-1987-09	31.51	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-6900-09	88.76	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-1988-09	189.04	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2005-09	378.07	J9213	per 3 MIU
Intron® A					
Interferon alfa 2b, pwd	3 MIU	00085-0647-03	31.51	J9214	per 1 MIU
	3 MIU syringe	00085-0647-04	31.51	J9214	per 1 MIU
	5 MIL	00085-0120-02	52.51	J9214	per 1 MIU
	10 MIL	00085-0571-02	105.03	J9214	per 1 MIU
	18 MIL	00085-0110-01	189.04	J9214	per 1 MIU
	25 MIL	00085-0285-02	262.57	J9214	per 1 MIU
	50 MIL	00085-0539-01	525.12	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/mL)	10 MIU	00085-0923-01	105.02	J9214	per 1 MIU
	18 MIL MDV	00085-0953-01	189.04	J9214	per 1 MIU
	25 MIL	00085-0769-01	262.57	J9214	per 1 MIU
Leucovorin, pwd	50 mg	53905-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-05	21.33	J0640	per 50 mg
	100 mg	53905-0052-01	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	53905-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	496.25	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-02	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL) w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	4.85	J2150	per 50 mL
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01			
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41			
	250 per bottle	00015-0596-46			
	500 per bottle	00015-0596-45			
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42			
Melphalan hydrochloride, pwd	50 mg	00081-0130-93	272.83	J9245	per 50 mg
Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00081-0045-35	81.12	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	149.00	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	53905-0031-10	6.88	J9260	per 50 mg
	100 mg	53905-0032-10	8.75	J9260	per 50 mg
	200 mg	53905-0033-10	17.50	J9260	per 50 mg
	250 mg	53905-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	00205-5338-34	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02		J8610	2.5 mg
	36 per bottle	00555-0572-35		J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg

2300713

REIMBURSEMENT

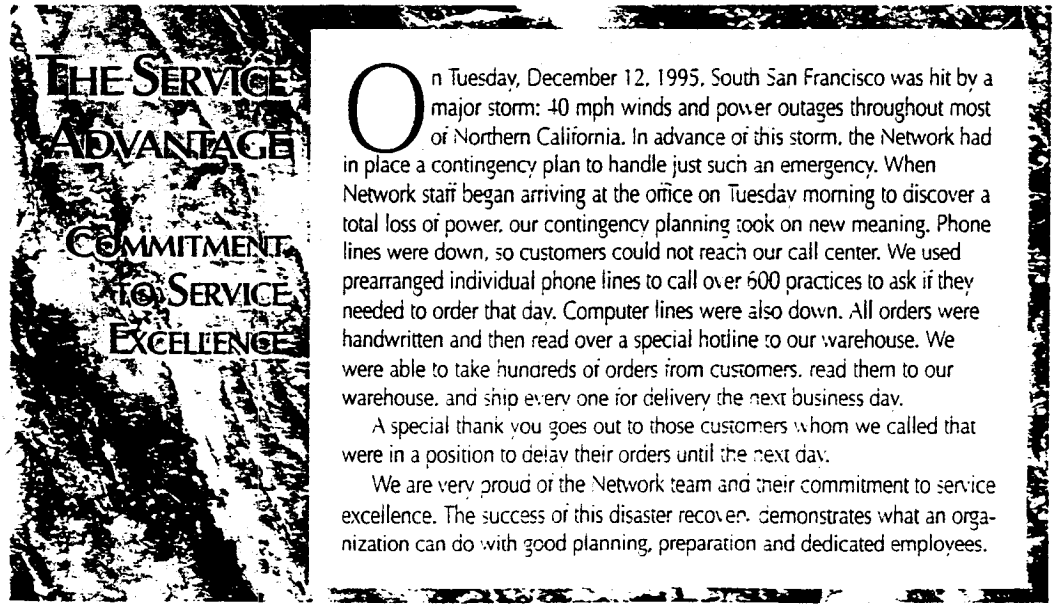
PRODUCT	VIAL SIZE	NDC	AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03		J9293	per 5 mg
	25 mg MDV	58406-0640-05		J9293	per 5 mg
	30 mg MDV	58406-0640-07		J9293	per 5 mg
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00		J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02		J2405	per 1 mg
Ondansetron HCl, sol premixed (32 mg/50 mL D5W)	32 mg bag	00173-0461-00			per 1 mg
TAXOL®					
Paclitaxel, semi-synthetic	30 mg	00015-3475-27	182.63	J9265	per 30 mg
Aredia®					
Pamidronate disodium, pwd	30 mg	00083-2601-04		J2430	per 30 mg
	60 mg	00083-2606-01		J2430	per 30 mg
	90 mg	00083-2609-01		J2430	per 30 mg
Nipent™					
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	8.40	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	86.95		
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Streptozocin, pwd	1 g	00009-0844-01	63.74	J9320	per 1 g
Vumon®					
Teniposide, 50 mg	5 mL amp	00015-3075-19	156.40	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02		J9340	per 15 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01		J3364	per 5,000 IU
	9,000 IU	00074-6145-02		J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	53905-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
NAVELBINE®					
Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00081-0656-01		J9390	per 10 mg
	5 mL	00081-0656-44		J9390	per 10 mg

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

✦ The Health Care Financing Administration (HCFA) has notified Glaxo Wellcome that a separate J Code will not be issued for the 32 mg premixed bag. J2405 should be used for all formulations of Zofran.



On Tuesday, December 12, 1995, South San Francisco was hit by a major storm: 40 mph winds and power outages throughout most of Northern California. In advance of this storm, the Network had in place a contingency plan to handle just such an emergency. When Network staff began arriving at the office on Tuesday morning to discover a total loss of power, our contingency planning took on new meaning. Phone lines were down, so customers could not reach our call center. We used prearranged individual phone lines to call over 600 practices to ask if they needed to order that day. Computer lines were also down. All orders were handwritten and then read over a special hotline to our warehouse. We were able to take hundreds of orders from customers, read them to our warehouse, and ship every one for delivery the next business day.

A special thank you goes out to those customers whom we called that were in a position to delay their orders until the next day.

We are very proud of the Network team and their commitment to service excellence. The success of this disaster recovery demonstrates what an organization can do with good planning, preparation and dedicated employees.

ONCOLOGY THERAPEUTICS NETWORK
395 OYSTER POINT BLVD, SUITE 405
SOUTH SAN FRANCISCO, CA 94080

2300714

ONCOLOGY THERAPEUTICS NETWORK

January/February 1996

THE NETWORK NEWS

A BIMONTHLY UPDATE FOR COMMUNITY-BASED ONCOLOGY PROFESSIONALS

ROUTE TO:

- ❑ Physician
- ❑ Office Manager
- ❑ Oncology Nurse
- ❑ Business Office
- ❑ _____

IN THIS ISSUE

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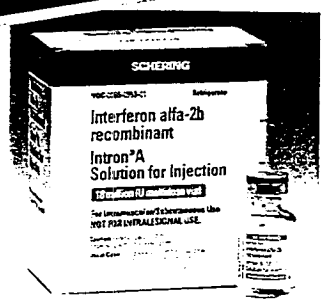
ONCOLOGY THERAPEUTICS NETWORK

INTRON®A FOR INJECTION (Interferon alfa-2b recombinant)

New FDA Indication!

The first adjuvant therapy breakthrough in high-risk malignant melanoma.

Schering®



Intron A is indicated as adjuvant therapy to surgical treatment in patients 18 years or older with malignant melanoma who are free of disease but at high risk for systemic recurrence, within 56 days of surgery.

MORE INDICATIONS THAN ANY OTHER INTERFERON

- Malignant Melanoma
- Hairy Cell Leukemia
- AIDS-Related Kaposi's Sarcoma
- Condylomata Acuminata
- Chronic Hepatitis Non-A, Non-B/C (NANB/C)
- Chronic Hepatitis B

The Most Complete Product Line Available

A new vial strength for your high-risk melanoma patients— Introducing 18 MIU/1mL Powder for Injection

CATALOG NUMBER	NDC	PRODUCT NAME	DILUENT
220-150	0085-0647-03	Interferon alfa 2b, pwd 3 MIU	1 mL
220-155	0085-0647-04	Interferon alfa 2b, pwd 3 MIU	1 mL in syringe
220-160	0085-0120-02	Interferon alfa 2b, pwd 5 MIU	1 mL
220-170	0085-0571-02	Interferon alfa 2b, pwd 10 MIU	2 mL
220-172	0085-0571-06	Interferon alfa 2b, pwd 10 MIU	1 mL in syringe
220-186	0085-1110-01	Interferon alfa 2b, pwd 18 MIU	1 mL
220-175	0085-0285-02	Interferon alfa 2b, pwd 25 MIU	5 mL
220-180	0085-0539-01	Interferon alfa 2b, pwd 50 MIU	1 mL
220-190	0085-0923-01	Interferon alfa 2b, sol 5 MIU/mL 10 MIU	
220-192	0085-0953-01	Interferon alfa 2b, sol 6 MIU/mL 18 MIU	MDV
220-195	0085-0769-01	Interferon alfa 2b, sol 5 MIU/mL 25 MIU	

Price Match

Intron A is a product in the Network's Price Matching Program

The Network News is distributed by Oncology Therapeutics Network.

The articles in this newsletter are not intended to serve as rules and policies for medical practice. Primary references should be consulted. The reader is encouraged to review the manufacturer's package insert where applicable.

Comments and suggestions are welcome. Address them to: Debbie Duncan, Editor, The Network News; Oncology Therapeutics Network; 395 Oyster Point Blvd., Suite 405, South San Francisco, CA 94080.

Printed on recycled paper.

Reimbursement Service

Schering's COMMITMENT to CARE™

800-521-7157

A comprehensive support service that covers:

- Melanoma Fast Track Procedures *(verify coverage and obtain authorization)*
- Dispense coding information
- Reimbursement searches for uninsured patients.
- Drug Assistant Programs for uninsured patients based on financial need.
- Assistance with follow-up of claim denials and appeals.

See enclosed Melanoma Coding Protocol!

2300716

ONCOLOGY THERAPEUTICS NETWORK

1996 NETWORK DOLLARS PROGRAM

Savings You Can Count On

The Network Dollars Program has been improved for 1996. As of February 1996, you can earn Network Dollars for your Rubex® purchases in addition to VePesid® For Injection, Lyophilized Cytoxan®, and Mutamycin® purchases. The Network Dollars Program continues to offer savings to your practice.

BENEFITS FOR YOUR PRACTICE

- It offers additional savings to our competitive prices to help you reduce the total cost of your drug purchases.
- Monthly *Network Dollars Update* statements detail your practice's Network Dollars total program activity and available credit.
- Network Dollars are easy to use. Your Network Dollars credits are accumulated over the course of the month and *automatically* applied to individual invoices during the following month.

EARN NETWORK DOLLARS CREDIT ON ALL PURCHASES OF THESE QUALITY PRODUCTS

PRODUCT	ACCRUAL RATE	PRODUCT	ACCRUAL RATE
VePesid For Injection	3%	Mutamycin	4%
Lyophilized Cytoxan	2%	Rubex	5%

New for 1996!

Color indicates an increase in NWD accrual rate since last year.

MAXIMIZE YOUR SAVINGS WHEN NETWORK DOLLARS CREDITS ARE APPLIED

Your Network Dollars accrue each month in your personal Network Dollars account and will be applied automatically to orders of eligible products in each new month until they are used up. Network Dollars credits are applied to individual line items on each invoice. Bristol Laboratories and Mead Johnson products and items that Medicare and Medicaid do not reimburse, such as supplies, are not eligible. Choose from more than 600 eligible products in the Network Sourcebook when making your drug purchases through the Network.

**The Network reserves the right to revise the Network Dollars program at any time. Rates are valid through 7/31/96.*

***Buyer acknowledges that it is responsible for fully and accurately reporting to the reimbursing agency any discounts described above on any item that is separately charged for payment under Medicare, Medicaid or any other federally funded state healthcare plan. Buyer also acknowledges that upon request by the Department of Health and Human Services or a state healthcare agency, it is responsible for providing the requesting agency with information regarding such discounts.*

NWD

DON'T MISS OUT — Make sure to redeem your 1995 Network Dollars soon. You will have until February 29, 1996, to use the Network Dollars you earned as of December 31, 1995. Take this opportunity to call your representative for suggestions on how to use your current Network Dollars credit.

New from American Red Cross

POLYGAM® S/D IMMUNE GLOBULIN INTRAVENOUS (HUMAN)

Polygam S/D is a lyophilized form of immune globulin intravenous (IGIV) that undergoes a solvent detergent viral inactivation process that inactivates and kills lipid-coated viruses — thus effectively reducing the risk of viral transmission.

PRODUCT AND REIMBURSEMENT INFORMATION

Polygam S/D is available in three vial sizes and does not require refrigeration. You can reconstitute Polygam S/D to either a 5% or 10% final concentration. Polygam S/D is manufactured for the American Red Cross by Baxter Healthcare Corporation.

Submit claims for Polygam S/D using code J1561 at the 5% concentration and J1562 at the 10% concentration.

CATALOG NUMBER	HCPCS CODE	BRAND NAME	ITEM	UNIT SIZE	PRICE PER UNIT	RED BOOK AWP
848-025	J1561 or J1562	Polygam® S/D	Immune Globulin, Intravenous	2.5 gm	$75.00	$145.00
848-050	J1561 or J1562	Polygam® S/D	Immune Globulin, Intravenous	5 gm	$150.00	$290.00
848-100	J1561 or J1562	Polygam® S/D	Immune Globulin, Intravenous	10 gm	$300.00	$580.00

For additional information about third-party billing and reimbursement for Polygam S/D, contact the Polygam S/D Program Hotline at 1-800-POLYGAM.

CALL THE NETWORK AT 1-800-482-6700 TO PLACE YOUR ORDER.

2300717

ONCOLOGY
THERAPEUTICS
NETWORK

NEW HCPCS CODES FOR 1996

Q What changes have been made for 1996 to the HCFA Common Procedure Coding System?

The HCFA Common Procedure Coding System (HCPCS) Editorial Panel recently announced coding changes effective for Medicare claims beginning January 1, 1996. Services provided on or after January 1, 1996, should be filed using 1996 codes. Services rendered in 1995 should continue to be billed with the 1995 codes. HCFA has granted a 90-day grace period to allow physicians to incorporate the changes into their practices. 1996 charges received prior to April 1, 1996, may be filed with either 1995 or 1996 codes. The grace period does not apply to claims filed with one of the DMERC carriers. Specific questions about these codes and the complete list of code changes should be directed to your Medicare carrier.

New Navelbine® code approved!
Claims for Navelbine should now be submitted using code J9390

NEW	DELETED	BILLING UNITS	PRODUCT
			Drugs for treatment & supportive care of cancer patients:
J0713		per 500 mg	Injection, ceftazidime
J1095		per 8 mg	Injection, dexamethasone acetate
J1250		per 250 mg	Injection, dobutamine hydrochloride
J1650		30 mg	Injection, enoxaparin sodium
J1955		per 1 g	Injection, levocarnitine
J2250		per 1 mg	Injection, midazolam hydrochloride
J2300		per 10 mg	Injection, nalbuphine hydrochloride
J2310		per 1 mg	Injection, naloxone hydrochloride
J2597		per 4 mcg	Injection, desmopressin acetate
J3265		10 mg/mL	Injection, torsemide
J3305		per 25 mg	Injection, trimetrexate glucuronate
J3475		per 500 mg	Injection, magnesium sulfate
J3480		per 2 meq	Injection, potassium chloride
J7191		per I.U.	Factor VIII (antihemophilic factor (porcine))
J7509		per 4 mg	Methylprednisolone oral
J7510		per 5 mg	Prednisolone oral
J7599			Immunosuppressive drug, not otherwise classified
J9015		per single dose vial	Aldesleukin
J9266		per single dose vial	Pegaspargase
J9390		per 10 mg	Vinorelbine tartrate
	J0110		Administration of injection, including the cost of the drug
	J0680	up to 0.4 mg	Injection, deslanoside
	J0820	up to 40 units	Injection, cortigel 40
	J1340		Injection, aqueous or saline placebo
	J1660	up to 2.75 mg	Injection, histamine
	J2100	up to 120 mg	Injection, luminal sodium
	J2190	up to 2 mL	Injection, mersalyl with theophylline
	J2495	per 10 mg	Injection, tridihexethyl chloride
	J2520		Code deleted 1995
	J2595		Code deleted 1995
	J2600		Code deleted 1995
	J2672		Code deleted 1995
	J2825		Code deleted 1995
	J2914		Injection, sodium salicylate
	J3050		Code deleted 1995
	J3180		Code deleted 1995
	J3340	up to 2 mL	Injection, cryptenamine acetate
	J3380	up to 100 mg	Injection, isoxsuprine HCl
	J3500		Vitamin therapy
	J3540		Autogenous blood extract, intravenous, or intramuscular injections
	J3550		Intra-arterial oxygen injection
	J3560		Adrenal cortex extract
	J6015		Typhus immunization injections
	J7010		Code deleted 1995
	J7020		Code deleted 1995
	J7080	500 mL vial	Infusion, albumisol 5%
	J7090	50 mL vial	Infusion, albumisol 25%
	J9295	40 mg	Polvestradiol phosphate
	Q0126		Immunoassay, infectious agent antigen, qualitative or semiquantitative
	Q0137	8 mg/mL	Injection, dexamethasone acetate (see new code: J1095)
	Q0138	16 mg/mL	Injection, dexamethasone acetate (see new code: J1095)
	Q0139	4 mcg	Injection, desmopressin acetate (see new code: J2597)
	Q0140	per 2 meq	Injection, potassium chloride (see new code: J3480)
	Q0141	per 500 mg	Injection, magnesium sulfate (see new code: J3475)

2300718

ZOFRAN® 32-MG PREMIXED BAG

Q How and when can our practice benefit by using the new Zofran® 32 mg premixed bag?

There are many situations in which a practice can benefit by using the Zofran premixed bag. In highly emetogenic therapies, many practices that already dose between 28 mg and 32 mg of Zofran find the 32 mg premixed bag both cost-effective and convenient in these situations. Practices can also use it to save time in the preparation and admixture of medications. Listed below are some additional advantages to your practice.

ADVANTAGES

- Reduces nursing costs.
- No dilution required, no waste, no admixing.
- Convenient and easy-to-administer, benefiting both patients and nursing staff.
- Favorable reimbursement.

COST-EFFECTIVE

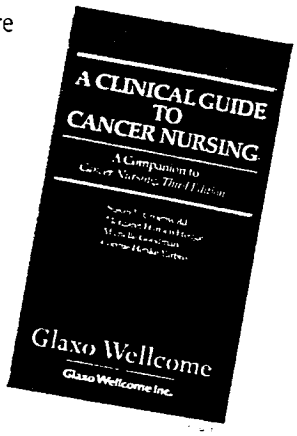
The RedBook AWP per 32 mg Zofran bag is $196.76. An average purchase price per 32 mg bag is $129.63 (your individual practice purchase price may be less). Therefore, the average reimbursement per patient is $67.11. This reimbursement per patient compares favorably to the Zofran MDV ($32.06) and Kytril™ ($38.00).

FREE NURSING REFERENCE BOOK

To receive your free copy of "A Clinical Guide to Cancer Nursing," a valuable reference book, call 1-800-284-5606 to hear additional information on how your practice can benefit by using the new Zofran 32 mg premixed bag.

FOR MORE INFORMATION

Should you have additional questions about the benefits of the Zofran 32 mg premixed bag, you can contact your Glaxo Wellcome representative.



Offer ends March 31, 1996.

NEW! From SEQUUS Pharmaceuticals

DOXIL® (DOXORUBICIN HCl LIPOSOME INJECTION)

INDICATION

DOXIL® (doxorubicin HCl liposome injection) is indicated for the treatment of AIDS-related Kaposi's sarcoma (KS) in patients with disease that has progressed on prior combination chemotherapy or in patients who are intolerant to such therapy.

DESCRIPTION

DOXIL (doxorubicin HCl liposome injection) is doxorubicin hydrochloride (HCl) encapsulated in STEALTH® liposomes for intravenous administration.

DOSAGE AND ADMINISTRATION, AIDS-KS PATIENTS:

DOXIL (doxorubicin HCl liposome injection) should be administered intravenously at a dose of 20 mg/m² over 30 minutes, once every three weeks, for as long as patients respond satisfactorily and tolerate treatment.

Please reference the DOXIL package insert for complete prescribing information.

PRODUCT AND REIMBURSEMENT INFORMATION

This new product is supplied in a single dose vial and requires refrigeration. Claims for DOXIL should be submitted using J9999.

CATALOG NUMBER	NDC	HCPCS CODE	BRAND NAME	ITEM	UNIT SIZE	RED BOOK AWP
101-020	61471-0295-12	J9999	DOXIL®	doxorubicin HCl liposome injection	20 mg/10 mL	$606.25

For additional information, contact your carrier or the SEQUUS Reimbursement and Patient Assistance Program Hotline, 1-800-375-1658. All Medical Inquiries should be directed to 1-800-323-9049.

SPECIAL INTRODUCTORY PRICE OFFER*	VIALS PURCHASED	PRICE/VIAL
	1-5	$509.00
	6-11	$507.00
	12+	$504.00

*Offer ends March 31, 1996.

Call the Network at 1-800-482-6700 to place your order.

Net 75 day payment terms for all purchases of DOXIL. Ask your Network representative for a copy of the Material Safety Data Sheet.

2300719

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

FDA NEW DRUG APPROVALS:

Interferon alfa-2b (Intron® A, Schering-Plough) for Malignant Melanoma

In December 1995, the FDA approved the use of interferon alfa-2b (Intron® A, Schering-Plough) for adjuvant treatment to surgery in patients with primary or recurrent malignant melanoma who are disease-free but at high risk for systemic recurrence and at least 18 years of age.[1] Interferon alfa-2b is also indicated for treatment of hairy cell leukemia, AIDS-related Kaposi's sarcoma, condylomata acuminata (genital warts), and chronic hepatitis B and C.

Approval for malignant melanoma was based on results from a multi-center trial conducted by the Eastern Cooperative Oncology Group (ECOG). Results of this study have not yet been published. Patients were randomized to an observation group or to treatment with interferon alfa-2b. The treatment group received interferon alfa-2b induction, 20 MIU/m² by intravenous infusion five times weekly for four weeks, followed by maintenance therapy of 10 MIU/m² as a subcutaneous injection three times weekly for 48 weeks. Administration of interferon alfa-2b resulted in increased median overall survival (3.8 years *vs* 2.8 years), increased median relapse-free survival (1.7 years *vs* 1 year), a 31% increase in five-year survival, and a 54% increase in five-year relapse-free survival rates (refer to the September/October issue of *The Network News*). Toxicities reported most frequently included fatigue, neutropenia, and myalgia. If patients develop adverse events while receiving interferon alfa-2b, treatment should be withheld until the adverse events resolve. When therapy is reinitiated, the dose should be decreased by 50%. If patients continue to experience side effects, interferon alfa-2b therapy should be discontinued. [1. F-D-C Reports - The Pink Sheet, Dec. 11, 1995]

Liposomal Doxorubicin (DOXIL®, SEQUUS) for AIDS-related Kaposi's Sarcoma

In November 1995, the FDA approved liposomal doxorubicin (DOXIL®, SEQUUS) for the treatment of AIDS-related Kaposi's sarcoma (KS) in patients who have progressed on combination chemotherapy or have developed toxicity.[1] Liposomes, which can be used as an alternative drug delivery method, are microscopic vesicles composed of single or multiple lipid membranes surrounding an aqueous compartment. DOXIL® is doxorubicin encapsulated into STEALTH® liposomes that have a methoxypolyethylene glycol (MPEG) coating. This results in diminished detection by the mononuclear phagocyte system, thus increasing plasma circulation time.

The FDA granted approval based on the results of an open-label trial in which 77 patients with progressive KS received liposomal doxorubicin 20 mg/m² by intravenous infusion every three weeks. Forty-nine patients (64%) experienced progression while receiving prior doxorubicin-based therapy. Response to liposomal doxorubicin was assessed by two methods: (1) assessment, by investigators, of changes in all lesions (investigator assessment), and (2) assessment of changes in indicator lesions only (indicator lesion assessment). Results were subanalyzed for patients who had received prior doxorubicin treatment. Thirty-four patients were evaluable for the investigator assessment: 27% demonstrated a partial response (30% for patients with prior doxorubicin therapy). The median duration of partial response was 73 days and 89 days, respectively. Forty-two patients were evaluable for the indicator lesion assessment: 48% demonstrated a partial response (52% for patients with prior doxorubicin). The median duration was 71 days and 79 days, respectively. While the incidence of alopecia, nausea, vomiting, and bone marrow suppression was less than expected for doxorubicin, 3.4% of all patients treated with liposomal doxorubicin developed palmar-plantar skin eruptions. This syndrome occurred after six or more weeks of therapy and involved swelling, pain, erythema, and desquamation of the hands and feet. For most patients, symptoms resolved after one to two weeks off therapy.

The recommended dose of liposomal doxorubicin for AIDS-related KS is 20 mg/m² by intravenous infusion over 30 minutes every three weeks. SEQUUS is currently conducting phase II trials to determine the role of liposomal doxorubicin in the treatment of breast, ovarian, lung, and prostate cancers. [1. F-D-C Reports - The Pink Sheet, November 27, 1995]

DRUGS DESIGNATED AS "APPROVABLE" BY THE FDA:

Taxotere® (Docetaxel, Rhone-Poulenc Rorer Inc.) for Advanced or Metastatic Breast Cancer

In November 1995, docetaxel (Taxotere®, Rhone-Poulenc Rorer) became "approvable", which is the final step before marketing clearance, by the FDA's Division of Oncology.[1] Docetaxel is recommended for the treatment of advanced or metastatic breast cancer that has progressed or relapsed during treatment with an anthracycline-based regimen. Docetaxel administration is associated with peripheral edema, the incidence of which is diminished in patients premedicated with diuretics and corticosteroids. Currently, the recommended dose is 100 mg/m² administered intravenously over one hour, repeated every three weeks. The optimal docetaxel dose for breast cancer is currently being investigated in a phase III trial. For additional details, refer to the November/December issue of *The Network News*. [1. Cancer Economics, November 1995, pp 1-2.]

2300720

CLINICAL TRIALS UPDATE:

NCI Recommendation: Limit Adjuvant Tamoxifen (Nolvadex®, Zeneca) Therapy to Five Years

On November 30, the National Cancer Institute (NCI) issued a statement which recommends limiting tamoxifen (Nolvadex®, Zeneca) adjuvant treatment to five years for women with early stage breast cancer.[1,2] The NCI recommendation is based upon an interim analysis of two studies, the National Surgical Adjuvant Breast and Bowel Project (NSABP), Protocol B-14, and the Scottish Tamoxifen Trial. The final results of these trials have not yet been published; however, the interim results were compelling enough to prompt the NCI to issue the recommendation.

The NSABP B-14 trial included women with node-negative, estrogen-receptor (ER) positive (>10 fmol) breast cancer.[3] Fourteen to thirty-five days after surgery (mastectomy and axillary-node dissection or lumpectomy and axillary-node dissection followed by breast irradiation), women were randomized to receive five years of therapy with tamoxifen, 10 mg po BID (1318 women), or placebo (1326 women). In 1987, the protocol was modified: women initially randomized to tamoxifen therapy were further randomized to receive an additional five years of therapy with tamoxifen as above or placebo. The primary endpoints were disease-free survival and overall survival.

Results from the first randomization favored adjuvant tamoxifen therapy; there was a statistically significant difference in disease-free survival at four years: tamoxifen 83% vs placebo 77% (P<0.00001).

For the second randomization, 1166 women were eligible: 591 were randomized to an additional five years of tamoxifen and 575 to placebo. This second randomization compared disease-free survival and overall survival for five years of tamoxifen therapy to ten years. Results from four years of follow-up after the second randomization (average follow-up, 43 months) demonstrated that the percentage of women living and disease-free favored five years of tamoxifen therapy (92% vs 86%, not statistically significant). There was no significant difference in overall survival (96% for 5 years vs 94% for 10 years). The number of secondary tumors was lower in the five-year group (16 versus 24, not statistically significant). As a result of these data, the Data Safety Monitoring Committee recommended discontinuing the second randomization. One institution participating in this study, St. Luc's Hospital, Montreal, submitted falsified data for 66 (5.6%) women. The conclusions did not change, however, when the data from these patients was omitted.

The Scottish tamoxifen trial included women with early invasive breast cancer that was either node-positive or node-negative, and ER status was not required.[4] Women were randomized to receive tamoxifen 20 mg daily for five years (661 women) or to a control group (651 women) in which tamoxifen was given only upon relapse. In 1984, the trial was modified such that those women who had received tamoxifen for five years were randomized a second time to discontinue or continue the tamoxifen until relapse.

Results from the first randomization favored adjuvant tamoxifen therapy. The incidence of relapse was diminished in the tamoxifen group (304 women vs 401, statistics not reported) as was the incidence of death from recurrent breast cancer (18% vs 23%, statistics not reported). In the second randomization, 173 women received an additional five years of tamoxifen and 169 discontinued tamoxifen therapy. The median follow-up period from the second randomization was 6.2 years. Results demonstrated that a greater percentage of women who received five years of tamoxifen were alive and disease-free as compared to those receiving greater than five years of tamoxifen therapy (70% vs 62%, not significant).

Although final results are not yet available, the combined data from the NSABP and the Scottish trials do not support continuing adjuvant tamoxifen therapy beyond five years. The optimal duration of adjuvant tamoxifen therapy for early stage breast cancer is not yet known. To assist in answering this question, trials are underway to compare two years of treatment to three to five years. [1. NCI Clinical Announcement. Dec. 1995. 2. The Cancer Letter. 1995;21(47):5-6. 3. NEJM. 1989;320:479-484. 4. Lancet. 1987;2:171.]

Reanalysis of NSABP Protocol B-06: Total Mastectomy Compared to Lumpectomy With or Without Irradiation for the Treatment of Breast Cancer

The National Surgical Adjuvant Breast and Bowel Project (NSABP), Protocol B-06 randomized women with stage I or II breast cancer to one of three treatment arms: total mastectomy, lumpectomy without irradiation, or lumpectomy followed by breast irradiation. The lower two levels of axillary nodes were

Continued on the next page

2300721

ONCOLOGY THERAPEUTICS NETWORK

ONCOLOGY DRUG UPDATES

CLINICAL TRIALS UPDATE:

Continued from previous page

Reanalysis of NSABP Protocol B-06: (continued)

removed regardless of randomization. Data was presented at five and eight years of follow-up: 90% of women randomized to lumpectomy and irradiation were cancer-free in the ipsilateral breast. The rates of disease-free survival, distant-disease-free survival, and overall survival were not statistically different for the three treatment groups.

As some of the data submitted from St. Luc's Hospital, Montreal was falsified, Protocol B-06 was reanalyzed, with results available for an average of 12 years of follow-up.[1] For the reanalysis, patients were divided into three cohorts: cohort A included 2105 women analyzed by the intent-to-treat. Cohort B included all women from cohort A with the exception of 254 women who were ineligible. Cohort C examined all women from cohort B except for the 322 women enrolled at St. Luc's Hospital. Cohort B, which consisted of 1851 women, was the focus of the B-06 reanalysis. There were no significant differences in outcomes between cohort A, B, or C. There was no significant difference in overall survival between the three treatment arms. Furthermore, there were no significant differences for disease-free survival or distant-disease-free survival. When patients with node-negative breast cancer were analyzed, more patients treated by mastectomy or lumpectomy and radiation were disease-free and distant-disease-free than women treated with lumpectomy alone (data not presented). Rate of tumor recurrence in the ipsilateral breast was evaluated for 1137 women with margins histologically free of tumor after lumpectomy. Radiation was associated with a significant decrease in the incidence of recurrence: 10% for patients treated with lumpectomy and radiation compared to 35% in patients treated by lumpectomy alone ($P<0.001$). For patients with node-negative cancer, the incidence was 12% and 32%, respectively*. For women with node-positive cancer, the incidence was 5% and 41%, respectively (significance not reported).

The results reported for 12 years of follow-up support those results published after five and eight years of follow-up. The results and conclusions did not change when the patients treated at St. Luc's Hospital were excluded. Thus, lumpectomy followed by breast irradiation is a rational treatment strategy for women with stage I and II breast cancer.

[1. NEJM. 1995;333:1456-1461.]

*This data was subanalyzed by nodal status.

SOURCEBOOK UPDATE • FALL/WINTER 1995-96

	CATALOG NUMBER	BRAND NAME	ITEM	UNIT SIZE	PRICE/ UNIT
NEW	101-020	DOXIL®	Doxorubicin HCl liposome injection	20 mg/ 10mL	$514.75
▲	902-300	Idamycin®	Idarubicin HCl, powder	5 mg	$240.00
▲	902-310	Idamycin®	Idarubicin HCl, powder	10 mg	$480.00
▼	850-025	Venoglobulin®-I	Immune Globulin Intravenous, 5% powder w/diluent	2.5 g	$71.20
▼	850-050	Venoglobulin®-I	Immune Globulin Intravenous, 5% powder w/diluent	5 g	$142.40
▼	850-100	Venoglobulin®-I	Immune Globulin Intravenous, 5% powder w/diluent & IV set	10 g	284.80
▲	851-025	Venoglobulin®-S	Immune Globulin Intravenous, 5% solution w/IV set	2.5 g	$90.90
▲	851-050	Venoglobulin®-S	Immune Globulin Intravenous, 5% solution w/IV set	5 g	$181.80
▲	851-100	Venoglobulin®-S	Immune Globulin Intravenous, 5% solution w/IV set	10 g	$363.60
▲	143-050	Venoglobulin®-S	Immune Globulin Intravenous, 10% solution w/IV set	50 mL	$187.50
▲	143-100	Venoglobulin®-S	Immune Globulin Intravenous, 10% solution w/IV set	100 mL	$375.20
▲	143-200	Venoglobulin®-S	Immune Globulin Intravenous, 10% solution w/IV set	200 mL	$750.40
NEW	220-172	Intron® A	Interferon alfa 2b, powder	10 MIU syringe	$94.15
NEW	220-186	Intron® A	Interferon alfa 2b, powder	18 MIU (1mL)	$169.50
▲	220-200	Alferon® N Injection	Interferon alfa N3, solution (5 MIU/mL)	5 MIU	$143.55
▲	960-000	IV Alkeran®	Melphalan HCl, powder	50 mg	$262.00
▲	960-010	Alkeran®	Melphalan HCl, tablets, 2 mg	50 per bottle	$76.75
▲	200-101	NAVELBINE®	Vinorelbine tartrate, solution (10 mg/mL)	1 mL	$43.00
▲	200-105	NAVELBINE®	Vinorelbine tartrate, solution (10 mg/mL)	5 mL	$215.00
			SUPPLY PRODUCTS		
•	520-300		Chemo bags, zip lock, 12" x 15", 4 mil	250 each bx	$108.00
NEW	561-001		Vial Venting System	50 each bx	$77.30

▲ Reflects a price increase ▼ Reflects a price decrease • Reflects a product description change

2300722

ONCOLOGY
THERAPEUTICS
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AVERAGE WHOLESALE PRICES AND 1996 HCPCS CODES

As a reimbursement resource, the average wholesale prices (AWPs) and HCPCS codes are listed for drugs commonly used in cancer treatment. Products are listed alphabetically by their generic name. The AWPs are obtained from the *1995 Red Book* and the *December 1995 Red Book Update*. For drugs that have multiple manufacturers, the AWP for the product that the Network most commonly stocks is listed. For ease of use, we list the AWP information in the first three columns and the billing code and units in the right two columns. Please refer to the *Fall/Winter 1995-1996 Source-book* for a complete listing of HCPCS codes.

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
• Aldesleukin, pwd (Interleukin-2)	22 MIU	53905-0991-01	395.00	J9015	per single dose vial
Blenoxane[§]					
Bleomycin sulfate, pwd	15 units	00015-3010-20	291.49	J9040	per 15 units
Paraplatin[‡]					
Carboplatin, pwd	50 mg	00015-3213-30	81.13	J9045	per 50 mg
	150 mg	00015-3214-30	243.33	J9045	per 50 mg
	450 mg	00015-3215-30	729.98	J9045	per 50 mg
BiCNU[‡]					
Carmustine, pwd w/diluent	100 mg	00015-3012-38	32.70	J9050	per 100 mg
Cimetidine HCl, sol (150 mg/mL)	300 mg	00108-5017-16	3.96	J9999*/J3490†	
Platinol[‡]*-AQ*					
Cisplatin, sol (1 mg/mL)	50 mg MDV	00015-3220-22	169.26	J9062	per 50 mg
	100 mg MDV	00015-3221-22	338.50	J9062	per 50 mg
Cladribine, sol (1 mg/mL)	10 mg	59676-0201-01	480.00	J9065	per 1 mg
Lyophilized Cytoxan[‡]					
Cyclophosphamide, lyophilized	100 mg	00015-0539-41	6.45	J9093	per 100 mg
	200 mg	00015-0546-41	12.25	J9094	per 200 mg
	500 mg	00015-0547-41	25.71	J9095	per 500 mg
	1 g	00015-0548-41	51.43	J9096	per 1 g
	2 g	00015-0549-41	102.89	J9097	per 2 g
Cytoxan[‡] *Tablets*					
Cyclophosphamide, tablets, 25 mg	100 per bottle	00015-0504-01	158.63	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	100 per bottle	00015-0503-01	291.13	J8530	25 mg
Cyclophosphamide, tablets, 50 mg	1,000 per bottle	00015-0503-02	2,772.74	J8530	25 mg
Cytarabine, pwd	100 mg	00364-2467-53	5.50	J9100	per 100 mg
	100 mg	53905-0131-10	6.25	J9100	per 100 mg
	500 mg	00364-2468-54	21.00	J9110	per 500 mg
	500 mg	53905-0132-10	25.00	J9110	per 500 mg
	1 g	53905-0133-10	50.00	J9110	per 500 mg
	2 g	53905-0134-10	98.90	J9110	per 500 mg
Dacarbazine, pwd	100 mg	00026-8151-10	13.83	J9130	per 100 mg
	200 mg	00026-8151-20	22.23	J9140	per 200 mg
Daunorubicin HCl, pwd	20 mg	53905-0271-10	162.79	J9150	per 10 mg
Dexamethasone, sol (10 mg/mL)	100 mg MDV	00364-2360-54	4.13	J1100	up to 4 mg/mL
Dexamethasone, sol (4 mg/mL)	20 mg MDV	00517-4905-25	2.19	J1100	up to 4 mg/mL
	120 mg MDV	00517-4930-25	7.84	J1100	up to 4 mg/mL
Zinecard[‡¶]					
Dexrazoxane for injection	250 mg	00013-8715-62	134.38	J3490†	
	500 mg	00013-8725-89	268.75	J3490†	
Diazepam, sol (5 mg/mL)	10 mg	00364-0825-48	3.43	J3360	up to 5 mg
	50 mg	00364-0825-54	13.35	J3360	up to 5 mg
Diphenhydramine HCl, sol (10 mg/mL)	300 mg	00364-6530-56	5.18	J1200	up to 50 mg
Diphenhydramine HCl, sol (50 mg/mL)	500 mg MDV	00364-6531-54	6.90	J1200	up to 50 mg
	50 mg	00641-0376-25	0.63	J1200	up to 50 mg
Rubex[‡]					
Doxorubicin, pwd	10 mg	00015-3351-22	43.81	J9000	per 10 mg
	50 mg	00015-3352-22	197.15	J9010	per 50 mg
	100 mg	00015-3353-22	394.29	J9010	per 50 mg

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REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Chiron					
Doxorubicin, pwd	10 mg	53905-0231-10	45.08	J9000	per 10 mg
	20 mg	53905-0232-06	90.16	J9000	per 10 mg
	50 mg	53905-0233-01	225.40	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	53905-0235-10	47.35	J9000	per 10 mg
	20 mg	53905-0236-06	94.70	J9000	per 10 mg
	50 mg	53905-0237-01	236.74	J9010	per 50 mg
	200 mg MDV	53905-0238-01	945.98	J9010	per 50 mg
Adriamycin™					
Doxorubicin, RDF pwd	10 mg	00013-1086-91	46.00	J9000	per 10 mg
	20 mg	00013-1096-94	92.00	J9000	per 10 mg
	50 mg	00013-1106-79	230.00	J9010	per 50 mg
	150 mg MDV	00013-1116-83	676.19	J9010	per 50 mg
Doxorubicin, sol (2 mg/mL)	10 mg	00013-1136-91	48.31	J9000	per 10 mg
	20 mg	00013-1146-94	96.63	J9000	per 10 mg
	50 mg	00013-1156-79	241.56	J9010	per 50 mg
	75 mg	00013-1176-87	362.35	J9010	per 50 mg
	200 mg MDV	00013-1166-83	946.94	J9010	per 50 mg
DOXIL®					
NEW • Doxorubicin, HCl liposome injection	20 mg/10 mL	61471-0295-12	906.25	J9999*	
Epoetin alfa	2,000 units/mL	59676-0302-01	24.00	Q0136‡	1,000 units
	3,000 units/mL	59676-0303-01	36.00	Q0136‡	1,000 units
	4,000 units/mL	59676-0304-01	48.00	Q0136‡	1,000 units
	10,000 units/mL	59676-0310-01	114.00	Q0136‡	1,000 units
	20,000 units/2 mL	59676-0312-01	228.00	Q0136‡	1,000 units
VePesid® Capsules					
Etoposide, capsules, 50 mg	20 per box	00015-3091-45	694.91	J8560	50 mg
VePesid® For Injection					
Etoposide, injection (20 mg/mL)	100 mg MDV	00015-3095-20	136.49	J9182	per 100 mg
	150 mg MDV	00015-3084-20	204.74	J9182	per 100 mg
	500 mg MDV	00015-3061-20	665.38	J9182	per 100 mg
	1 g MDV	00015-3062-20	1,296.64	J9182	per 100 mg
Fludarabine phosphate, pwd	50 mg	50419-0511-06	179.55	J9185	per 50 mg
Fluorouracil, sol (50 mg/mL)	500 mg	39769-0012-10	3.75	J9190	per 500 mg
	2,500 mg	00013-1046-94	7.69	J9190	per 500 mg
	5,000 mg	39769-0012-90	25.00	J9190	per 500 mg
G-CSF (Filgrastim), sol (0.3 mg/mL)	300 mcg	55513-0347-10	152.30	J1440	per 300 mcg
	480 mcg	55513-0348-10	242.50	J1441	per 480 mcg
GM-CSF (Sargramostim), lyophilized	250 mcg	58406-0002-01	112.18	J2820	per 250 mcg
	500 mcg	58406-0001-01	211.15	J2820	per 250 mcg
Goserelin acetate, implant	3.6 mg syringe	00310-0960-36	358.55	J9202	per 3.6 mg
Kytril™					
Granisetron HCl, sol (1 mg/mL)	1 mL	00029-4149-01	166.00	J1625	per 1 mg
Ifex®					
Ifosfamide	1 g	00015-0556-41	107.86	J9208	per 1 g
	3 g	00015-0557-41	323.64	J9208	per 1 g
Ifex®/Mesnex™					
Ifosfamide (10 x 1 g)/mesna (10 x 1 g MDV)	Combo-Pack	00015-3554-27	1,862.50	J9208/J9209	
Ifosfamide (2 x 3 g)/mesna (6 x 1 g MDV)	Combo-Pack	00015-3564-15	1,117.44	J9208/J9209	
Ifosfamide (5 x 1 g)/mesna (3 x 1 g MDV)	Combo-Pack	00015-3556-26	770.78	J9208/J9209	
Immune globulin intravenous, 5% pwd	2.5 g	49669-1602-01	152.05	J1561	per 500 mg
	5 g	49669-1603-01	304.10	J1561	per 500 mg
	10 g	49669-1604-01	608.20	J1561	per 500 mg
Immune globulin intravenous, 5% sol w/IV set	2.5 g	49669-1612-01	190.38	J1561	per 500 mg
	5 g	49669-1613-01	380.75	J1561	per 500 mg
	10 g	49669-1614-01	761.50	J1561	per 500 mg
Immune globulin intravenous, 10% sol w/IV set	50 mL	49669-1622-01	400.00	J1562	per 5 g
	100 mL	49669-1623-01	800.00	J1562	per 5 g
	200 mL	49669-1624-01	1,600.00	J1562	per 5 g
Immune globulin intravenous, 10% sol	10 mL	00192-0649-12	75.00	J1561	per 500 mg
	50 mL	00192-0649-20	375.00	J1562	per 5 g
	100 mL	00192-0649-71	750.00	J1562	per 5 g
	200 mL	00192-0649-24	1,500.00	J1562	per 5 g
NEW • Immune globulin intravenous, 5% or 10%	2.5 g	52769-0477-02	145.00	J1561 or J1562	
NEW •	5 g	52769-0477-05	290.00	J1561 or J1562	
NEW •	10 g	52769-0477-01	580.00	J1561 or J1562	

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REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
Interferon alfa 2a, pwd w/3 mL diluent	18 MIU	00004-1993-09	189.04	J9213	per 3 MIU
Interferon alfa 2a, sol (3 MIU/mL)	3 MIU	00004-1987-09	31.51	J9213	per 3 MIU
Interferon alfa 2a, sol (10 MIU/mL)	9 MIU	00004-6900-09	88.76	J9213	per 3 MIU
Interferon alfa 2a, sol (6 MIU/mL)	18 MIU	00004-1988-09	189.04	J9213	per 3 MIU
Interferon alfa 2a, sol (36 MIU/mL)	36 MIU	00004-2005-09	378.07	J9213	per 3 MIU
Intron® A					
Interferon alfa 2b, pwd	3 MIU	00085-0647-03	31.51	J9214	per 1 MIU
	3 MIU syringe	00085-0647-04	31.51	J9214	per 1 MIU
	5 MIU	00085-0120-02	52.51	J9214	per 1 MIU
	5 MIU syringe	00085-0120-03	52.51	J9214	per 1 MIU
	10 MIU	00085-0571-02	105.03	J9214	per 1 MIU
NEW •	18 MIU	00085-1110-01	189.04	J9214	per 1 MIU
	25 MIU	00085-0285-02	262.57	J9214	per 1 MIU
	50 MIU	00085-0539-01	525.12	J9214	per 1 MIU
Interferon alfa 2b, sol (5 MIU/mL)	10 MIU	00085-0923-01	105.02	J9214	per 1 MIU
	18 MIU MDV	00085-0953-01	189.04	J9214	per 1 MIU
	25 MIU	00085-0769-01	262.57	J9214	per 1 MIU
Leucovorin, pwd	50 mg	53905-0051-10	18.44	J0640	per 50 mg
	50 mg	58406-0621-37	21.53	J0640	per 50 mg
	100 mg	53905-0052-01	35.00	J0640	per 50 mg
	100 mg	58406-0622-06	39.41	J0640	per 50 mg
	200 mg	53905-0053-01	78.00	J0640	per 50 mg
	350 mg	58406-0623-07	137.94	J0640	per 50 mg
Leuprolide acetate depot, susp. (7.5 mg/mL)	7.5 mg	00300-3629-01	496.25	J9217	per 7.5 mg
Lorazepam, sol (2 mg/mL)	2 mg MDV	00008-0581-04	12.01	J2060	per 2 mg
Lorazepam, sol (2 mg/mL)	20 mg MDV	00008-0581-01	107.00	J2060	per 2 mg
Lorazepam, sol (4 mg/mL)	40 mg MDV	00008-0570-01	133.74	J2060	per 2 mg
Lorazepam, sol (2 mg/mL) w/ syringe	2 mg	00008-0581-02	12.67	J2060	per 2 mg
Mannitol, 25% sol	50 mL	00074-4031-01	4.85	J2150	per 50 mL
Mechlorethamine HCl, pwd	10 mg	00006-7753-31	10.10	J9230	per 10 mg
Megace®					
Megestrol acetate, tablets, 20 mg	100 per bottle	00015-0595-01	72.76		
Megestrol acetate, tablets, 40 mg	100 per bottle	00015-0596-41	129.78		
	250 per bottle	00015-0596-46	317.96		
	500 per bottle	00015-0596-45	622.96		
Megace® Oral Suspension					
Megestrol acetate, oral suspension	8 fl oz	00015-0508-42	107.95		
• Melphalan hydrochloride, pwd	50 mg	00081-0130-93	284.20	J9245	per 50 mg
• Melphalan hydrochloride, tablets, 2 mg	50 per bottle	00081-0045-35	61.12	J8600	2 mg
Mesnex™					
Mesna, sol (100 mg/mL)	1 g MDV	00015-3563-02	149.00	J9209	per 200 mg
Methotrexate, pwd	20 mg	00205-4654-90	2.78	J9250	per 5 mg
	1,000 mg	58406-0671-05	61.44	J9260	per 50 mg
Methotrexate, pres. free sol (25 mg/mL)	50 mg	53905-0031-10	6.88	J9260	per 50 mg
	100 mg	53905-0032-10	8.75	J9260	per 50 mg
	200 mg	53905-0033-10	17.50	J9260	per 50 mg
	250 mg	53905-0034-10	26.88	J9260	per 50 mg
Methotrexate, sol w/pres. (25 mg/mL)	50 mg	58406-0681-14	4.75	J9260	per 50 mg
	250 mg	00205-5338-34	20.48	J9260	per 50 mg
Methotrexate, tablets, 2.5 mg	100 per bottle	00555-0572-02	269.45	J8610	2.5 mg
	36 per bottle	00555-0572-33	91.56	J8610	2.5 mg
Metoclopramide, sol w/pres. (5 mg/mL)	2 mL	39769-0066-02	2.35	J2765	up to 10 mg
Metoclopramide, pres. free sol (5 mg/mL)	50 mg	00013-6116-95	8.73	J2765	up to 10 mg
	150 mg	00013-6126-95	23.54	J2765	up to 10 mg
Mutamycin®					
Mitomycin, pwd	5 mg	00015-3001-20	134.11	J9280	per 5 mg
	20 mg	00015-3002-20	452.91	J9290	per 20 mg
	40 mg	00015-3059-20	915.09	J9291	per 40 mg
Mitoxantrone, sol (2 mg/mL)	20 mg MDV	58406-0640-03	640.82	J9293	per 5 mg
	25 mg MDV	58406-0640-05	801.01	J9293	per 5 mg
	30 mg MDV	58406-0640-07	961.24	J9293	per 5 mg
Zofran®					
Ondansetron HCl, sol (2 mg/mL)	40 mg MDV	00173-0442-00	233.02	J2405	per 1 mg
Ondansetron HCl, sol (2 mg/mL)	4 mg	00173-0442-02	22.51	J2405	per 1 mg
Ondansetron HCl, sol premixed 32 mg/50 mL D5W	32 mg bag	00173-0461-00	196.76	J3490*	

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REIMBURSEMENT

PRODUCT	VIAL SIZE	NDC	DECEMBER AWP/VIAL	'96 HCPCS CODE	BILLING UNITS
TAXOL®					
Paclitaxel, semi-synthetic, sol (6mg/mL)	30 mg	00015-3475-27	182.63	J9265	per 30 mg
• Pamidronate disodium, pwd	30 mg	00083-2601-04	186.[illegible]	J2430	per 30 mg
•	60 mg	00083-2606-01	372.[illegible]	J2430	per 30 mg
•	90 mg	00083-2609-01	558.[illegible]	J2430	per 30 mg
Pentostatin, pwd	10 mg	00071-4243-01	1,440.00	J9268	per 10 mg
Prochlorperazine, sol (5 mg/mL)	10 mg	00364-2231-48	2.64	J0780	up to 10 mg
	50 mg MDV	00364-2231-54	8.40	J0780	up to 10 mg
Prochlorperazine, tablets, 10 mg	100 per box	00007-3367-20	86.95		
Ranitidine, sol (50 mg/2 mL)	2 mL	00173-0362-38	3.99	J9999*/J3490†	
Streptozocin, pwd	1 g	00009-0844-01	63.74	J9320	per 1 g
Vumon®					
Teniposide, 50 mg	5 mL amp	00015-3075-19	156.40	J9999*	per 50 mg
Thioplex®					
Thiotepa, pwd	15 mg	58406-0661-02	73.31	J9340	per 15 mg
Urokinase, sol (5,000 IU/mL)	5,000 IU	00074-6111-01	51.63	J3364	per 5,000 IU
	9,000 IU	00074-6145-02	90.03	J3364	per 5,000 IU
Vinblastine sulfate, pwd	10 mg	53905-0091-10	21.25	J9360	per 1 mg
	10 mg	00364-2447-54	37.50	J9360	per 1 mg
Vinblastine sulfate, sol (1 mg/mL)	10 mg	00469-2780-30	43.23	J9360	per 1 mg
Vincristine, preservative free sol (1 mg/mL)	1 mg	00013-7456-86	37.08	J9370	per 1 mg
	1 mg	00364-2448-51	31.75	J9370	per 1 mg
	2 mg	00013-7466-86	74.13	J9375	per 2 mg
NAVELBINE®					
• Vinorelbine tartrate, sol (10 mg/mL)	1 mL	00081-0656-01	[illegible]	[illegible]	[illegible]
•	5 mL	00081-0656-44	[illegible]	[illegible]	[illegible]

• [illegible]

* The drug code J9999 is defined as "not otherwise classified, antineoplastic drug." The Health Care Financing Administration has not assigned specific codes to these drugs.

† The drug code J3490 is defined as "unclassified drug." These drugs may or may not be defined as an unclassified drug in your area; consult your local carrier for the appropriate code.

‡ Q0136 is the code for non-ESRD (End Stage Renal Disease) use.

✦Some carriers may honor the higher AWP, using either J3490 or J9999. Some carriers will cover this item with J2405. Check with the carrier in your area for their specific instructions.

FAX BACK FORM

Would you like to increase physician practice income?

Could you benefit from a detailed analysis of reimbursement and operations?

Would you like your practice to operate more efficiently?

LEARN HOW TO SUCCEED AND GET RESULTS IN AN EVERCHANGING HEALTHCARE ENVIRONMENT

Over the past five years Oncology Therapeutics Network has worked with hundreds of practices to understand the challenges faced by office-based oncologists. The Network has developed a comprehensive business management consulting program to assist oncologists in developing the business aspects of medical practice to compete successfully in a changing healthcare environment. Our consultants come from the healthcare industry with a background in nursing, accounting and healthcare administration and have a proven track record for improving office efficiencies. The consulting program consists of three key areas critical to the profitability of your practice.

☐ Please have my Network Representative call me with more information about the business management consultation program.

CONSULTATION SERVICES THAT ARE CRITICAL TO THE PROFITABILITY OF YOUR PRACTICE

1) Analysis of Oncology Coding and Billing Techniques
   - Coding review to assure that the proper codes are being utilized
   - Fee analysis to assure that the proper charges are assigned to the correct code
   - Insurance billing and collection review and assistance
   - Computer systems selection, review and recommendations
2) Financial Management
   - Financial analysis
   - Examine expense items
   - Setting business goals and action plans
   - Referral development
   - Review of payer negotiations
3) Practice Operations
   - Practice Work Flow
   - Ancillary Services
   - Patient Satisfaction
   - Team Building
   - Staffing Analysis
   - Strategic Planning

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NSS accepts ValuTerms™, a convenient new way to finance your purchases. The ValuTerms™ credit service, set up through Bank One, Dayton, NA, gives you an extra 25 day period to pay. In some cases, you will have up to 55 days to pay your balance. This means that your practice can improve cash flow and save on finance charges. With ValuTerms™, you can avoid tying up your personal funds in your business and reduce your administrative costs. The application approval time is generally within 90 minutes.

Environmentally Responsible

Your practice receives its products from NSS in the most environmentally friendly packaging available in today's marketplace. The cardboard shipping container is made from recycled paper and the inside packing materials ("packing peanuts") are water soluble. Instead of discarding the inside packing material in the garbage to be land-filled, just place the material in a sink and turn on the water. This packing material will dissolve given its cornstarch base.

Being environmentally responsible also requires clearly indicating shipments of hazardous and/or toxic substances. NSS notifies all of its delivery carriers of the fact that they are carrying materials which are hazardous/toxic to the environment. Also, with the packages clearly marked, your practice will be able to receive and handle the product in the appropriate manner.

Reimbursement Hot Lines

If you should have any questions regarding a specific product's reimbursement schedule, give us a call and we will be your connection. NSS has the ability to directly hook your practice up to the manufacturer's reimbursement line via the telephone.

24 Hour Service

We offer 24 hour, seven day a week emergency order service. When you call this special number to place an order, an NSS representative will return your call within one hour.

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